## Case 1:18-bk-10155 Doc 16 Filed 02/11/18 Entered 02/11/18 10:31:23 Desc Main Document Page 1 of 2

Fill	in this information to ide	antify your ca	950.				1				
	Debtor 1 Lisa M. McConaghy										
	btor 2										
Uni	ited States Bankruptcy (	Court for the	DISTRICT OF RHODI	E ISLAND		_					
	se number 18-101		Check if this is:  An amended filing  A supplement showing postper  13 income as of the following								
O	fficial Form 10	061						M / DD/ \		ollowing date.	
_	chedule I: Yo		ome				IVII	VI / DD/ 1	7 7 7 7		
**	*AMENDMEN	IT UNE	RLINED AND	ITALICIZE	D***						12/15
sup spo atta	plying correct informatuse. If you are separate	tion. If you ted and you this form.	sible. If two married peo are married and not filii r spouse is not filing wi On the top of any additi	ng jointly, and your th you, do not inclu	spouse i	s liv nati	ring with y on about	ou, incl your spe	ude infori ouse. If m	mation about ore space is	your needed,
1.	Fill in your employment information.			Debtor 1				Debtor 2 or non-filing spouse			
	If you have more than one job,		Employment status	<b>✓</b> Employed				Employed			
	attach a separate pag information about add		Employment status	☐ Not employed				■ Not employed			
	employers.		Occupation	teacher							
	Include part-time, sea self-employed work.	sonal, or	Employer's name	Cranston Public Schools							
	Occupation may inclu or homemaker, if it ap		Employer's address	s address <u>845 Park Avenue</u> <u>Cranston, RI 02910</u>							
			How long employed the	nere? <u>18 yea</u>	<u>rs</u>			_			
Pai	rt 2: Give Details	About Mor	thly Income								
	imate monthly income use unless you are sepa		ate you file this form. If	you have nothing to r	eport for	any	line, write	\$0 in the	space. In	clude your no	n-filing
	ou or your non-filing spo e space, attach a separ		ore than one employer, co	ombine the information	on for all e	empl	oyers for t	hat perso	on on the l	ines below. If	you need
							For Deb	tor 1		ebtor 2 or ing spouse	
2.		List monthly gross wages, salary, and commissions (be deductions). If not paid monthly, calculate what the monthly			2.	\$	6,	794.00	\$	N/A	
3.	3. Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Inco	me. Add lir	ne 2 + line 3.		4.	\$	6,79	4.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	Lisa M. McConaghy			Case number	(if known)	18-10155		
					For Debtor		For Debto	spouse	
	Cop	by line 4 here		4.	\$ 6,7	794.00	\$	N/A	_
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deduction	ns	5a.	\$ 2,	528.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans		5b.		712.00	\$	N/A	_
	5c.	Voluntary contributions for retirement plans		5c.	\$	0.00	\$	N/A	_
	5d. 5e.	Required repayments of retirement fund loar Insurance		5d. 5e.	\$ \$	0.00 368.00	\$ \$	N/A N/A	_
	5f.	Domestic support obligations		5f.	\$	0.00	\$	N/A	_
	5g.	Union dues		5g.	\$	75.00	\$	N/A	_
	5h.	Other deductions. Specify:		5h.+	\$	0.00	+ \$	N/A	_
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5	d+5e+5f+5g+5h.	6.	\$3,0	683.00	\$	N/A	<u>.                                    </u>
7.	Cal	culate total monthly take-home pay. Subtract lir	ne 6 from line 4.	7.	\$3,	111.00	\$	N/A	<u>-</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from opprofession, or farm Attach a statement for each property and busine receipts, ordinary and necessary business experimentally net income.	ess showing gross enses, and the total	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends		8b.	\$	0.00	\$	N/A	_
	8c.	Family support payments that you, a non-filing regularly receive Include alimony, spousal support, child support,	maintenance, divorce	0-	<b>.</b>	0.00	Φ.	N/A	_
	8d.	settlement, and property settlement.  Unemployment compensation		8c. 8d.	\$ \$	0.00	\$	N/A N/A	_
	8e.	Social Security		ou. 8e.	\$	0.00	\$	N/A N/A	_
	8f.	Other government assistance that you regula Include cash assistance and the value (if known that you receive, such as food stamps (benefits Nutrition Assistance Program) or housing subside Specify:	n) of any non-cash assistance under the Supplemental dies.	8f.	\$	0.00	\$	N/A	_
	8g.	Pension or retirement income		8g.	\$	0.00	\$	N/A	<u>.                                    </u>
	8h.	Other monthly income. Specify: time job a	lly income from part t Rite Aid	8h.+	\$	540.00	+ \$	N/A	-
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8	8f+8g+8h.	9.	\$	540.00	\$	N//	<b>A</b>
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or	10 non-filing spouse.	. \$_	3,651.0	+ \$	N/A	= \$ _	3,651.00
11.	Incl othe Do	te all other regular contributions to the expense ude contributions from an unmarried partner, mem er friends or relatives.  not include any amounts already included in lines 2 cify:	bers of your household, your de	epend	•		ted in <i>Schedu</i>	ıle J. . +\$	0.00
12.		I the amount in the last column of line 10 to the e that amount on the Summary of Schedules and lies						. \$	3,651.00
13.	Do	you expect an increase or decrease within the	year after you file this form?					Combi	ned ly income
	<b>✓</b>	No.	table of Direc At 1 10 000			1.1	(l ( · ( · 1 · )		((
	Ш	Yes. Explain: taxes from the part time of the means test.	job at Rite Aid of \$135 per	mor	ntn were ac	ided to	tne total of	∟ine 16	(taxes)

/s/ Lisa M. McConaghy